

Christopher J. LaRiviere Applicant:

Date: September 20, 1999

Date Filed:

March 2, 1999

Docket No.: BELOCOR-171

Alocal Mary all

App. No.: 09/260,458

Art Unit: 3725

For:

Tangential Discharge Disk Refiner

Examiner: J. Husar



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> Assistant Commissioner for Patents, Washington, D.C. 20231

**S**ignature

David R. J. Stiennon, Reg. No. 33212

Name of applicant, assignee or Registered Representative

## AMENDMENT

**BOX NON-FEE AMENDMENT Assistant Commissioner for Patents** Washington, D.C. 20231

Dear Sir:

In response to the Office Action dated June 18, 1999, please amend the application as follows:

In the specification:

On page 2, line 25 after "paper which is" insert --made--.

In the drawings:

Please amend FIG.2 as shown in red on the accompanying photoprint, to correctly identify the hole 54.

In the Claims:

Please cancel claim 5.

GAU 3725 PTO/SB/21 (12-97)

TRANSMITTAL FORM		Application Number 09/260,458		.458	
				March 2, 1999	
		First Named Inventor LaRivier			· · · · · · · · · · · · · · · · · · ·
(To be used for all correspondence after initial filing)		Group Art Unit		3725	
(10 be used for all correspondence after militar lilling)		Examiner Name		J. Husar	
Total Number of Pages in This Submission		Attorney Docket BELOCOR - 1			
		Number		BEHOCOI	K-1/1
Fee Transmittal Form  Fee Attached	Assignment Papers (For an Application)				After Allowance Communication To Group
Amendment / Response	Drawing(s)  Licensing-related Papers				Appeal Communication to Board Of Appeals and Interferences  Appeal Communication to Group
After Final	Petition Routing Slip (PTO/SB/69)  And Accompanying Petition			(69)	(Appeal Notice, Brief, Reply Brief)  Proprietary Information
Affidavits/declaration(s)	To Convert a Provisional Application			ication	
Extension of Time Request  Express Abandonment Request	Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer			i	Additional Enclosure(s).  (Please identify below):
Information Disclosure Statement  Certified Copy of Priority	Small Entity Statement  Request for Refund				SEP 2 7 1999 E
Document(s)					EMT & THAT
Response to Missing Parts/ Incomplete Application Response to Missing Parts Under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 15-0660.				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm or David P. J. Stiennon Peg No. 33212					
Individual name					
Signature Avid F. J. Sharman					
Date 9/20/99					
CERTIFICATE OF MAILING					
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Typed or printed name	Dav	id R. J. Si	tien	non, Reg	g. No. 33212
Signature	m	Q. 3	New		Date 9/20/44